



Alaska Chiropractic Society

ACS 2024 General Annual Membership Application Your General ACS Membership includes the following and more:

ACS Online DC Directory Listing
Continuing Education Credit Seminars
Legislative Updates and Monitoring
Discounted Disability Insurance
Monthly Webinars on Current Topics
Free Website Classified Ads!
Membership Association Software to connect and engage with ACS members Statewide!

Discounts on Seminars for Doctors and Staff
National Updates
Access to Workers' Comp Fee Schedule
Radiology Club/Journal Club
Secure Searchable Insurance Problem Forum
Online CEU Tracking Software

General Membership

Monthly, Quarterly, and Semi-Annual payment options **available by credit card only.**

| | | | |
|--|-------------------------|-----------|-------------------------|
| Monthly | 12 pmts. of \$62.50 ea. | Quarterly | 4 pmts. of \$187.50 ea. |
| Semi-Annually | 2 pmts. of \$375 ea. | Annually | 1 pmt. of \$750 |
| NEW!! Joint Membership – spouses+domestic partners - 20% off second general membership. | | | |

Special Membership Categories

| | | |
|-----------------|-------|--|
| Newly Graduated | FREE | First year after graduation FREE! |
| Newly Graduated | \$375 | Second year after graduation half off annual membership fee! |
| Student | FREE | Annual |
| Retired | \$100 | Annual |

| | |
|--------------------------|--|
| Member Name: | |
| Clinic Name: | |
| Street Address: | |
| City, State, Zip: | |
| Phone and FAX: | |
| email address: | |

I, _____, authorize ACS to charge my credit card in the amount of \$ _____ for payment of my membership fee on a MONTHLY/QUARTERLY/SEMI-ANNUAL/ANNUAL basis. (circle payment choice)

| | | | |
|-----------------|--|------------------|-----|
| Cardholder Name | | | |
| Account Number | | | |
| Expiration Date | | 3 Digit Sec Code | |
| Billing Address | | | |
| City | | State | Zip |
| Phone Number | | | |
| Email Address | | | |

Cardholder's Signature _____

Date _____

Membership with the Alaska Chiropractic Society is on an annual basis from January 1 through December 31 of the year purchased. I may pay in full or on an installment plan of monthly, quarterly or half yearly. Installments will be prorated to reflect the time I join.

I agree to notify ACS in writing of any changes in my billing account information or termination of this credit card authorization/ach debit authorization 15 days prior to the next due date of the charges and supply ACS with updated credit card or ACH information. Changes must be made in writing, and I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract. I understand that I am committed to and responsible for an annual contract amount payable in full or installments from January 1 to December 31 each year. Membership allows me proprietary access to information only for members and other negotiated membership discounts and benefits that are not accessible to non-members. Therefore, cancellation of membership is not allowed. By submitting my application, Cancellations must be made in writing, and I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract application. I am aware of the contract and agree to the terms.

Join online at www.akchiro.org!
or complete this application and a 2024 Directory Profile and
fax to 907.903.1350 or mail to Alaska Chiropractic Society at address listed below.

DON'T DELAY ~ JOIN ACS TODAY!!!

550 East Tudor Road Suite 202 * Anchorage * Alaska * 99503 * 907.903.1350 Phone